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CUSTOMER NUMBER (Depositor's name 22850 (Signature) (Date) FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 1877 Carlo Perego 217721US0 XPCT 10/019,273 04/09/2002 TITLE OF INVENTION: PROCESS FOR THE PRODUCTION OF PROPYLENE FROM OLEFINIC STREAMS 00000144 10019273 10/03/2006 JADDO2 01 FC:1501 1400.00 UP SMALL ENTITY OU. PO UPSSUE FEE DUE 02 FC TAPE **PUBLICATION FEE DUE** PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE 11/01/2006 \$1400 \$300 \$0 \$1700 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** DANG, THUAN D 1764 585-653000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list OBLON, SPIVAK, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. McCLELLAND, MAIER (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. & NEUSTADT, P.C. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 1.) San Donato Milanese, ITALY 1.) ENICHEM S.p.A. 2.) San Donato Milanese, ITALY 2.) ENITECNOLOGIE S.p.A. Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form). Advance Order - # of Copies _______ 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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